



## Free Lunch Notice – Give this to the School

**Give this letter to the school to get free lunches for the students listed below.** They can also get free breakfast and after-school snacks if the school offers them. Do not call DHS about free lunches. If you have questions, call the school your child attends.

We try to give names of students who can get free meals to the schools they attend. The students listed in this letter were not matched with the school. To get free meals for the students listed in this letter, you must:

- Write the name of the school each student will be going to in the blank below. You may add any students living in your household that are not listed. Also write in the grade the student will be in.
- Sign and date this letter.
- **Give this letter to the school to start free meals for this school year. Giving the letter to the school at least 10 days before school starts guarantees free meals from the first day of class. Do not return this letter to DHS.**

Name	Birth Date	School	Grade

X \_\_\_\_\_  
Your Signature                      Date                      Daytime Phone

### FOR SCHOOL USE ONLY

These children qualify for free lunches, breakfasts, and snacks under the National School Lunch Program, Breakfast Program, and the After-School Snack Program.

\_\_\_\_\_  
Date Received                      Signature of School Official

**Nondiscrimination Statement.** USDA is an equal opportunity provider and employer.

## Information About Free or Low-Cost Health Care Coverage for Your Children

If your children do not have health insurance, you will be interested to know that many families getting free or reduced-price meals can also get free or low-cost health insurance for their children.

The law now requires schools to share your free and reduced price meal eligibility information with Medicaid and **hawk-i**, the state's health care coverage program for uninsured children. Specifically, we will give them your child's name and your name and address. Medicaid and **hawk-i** can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information for any other purpose.

You do not have to allow us to share information from your children's Free Lunch Notice with Medicaid or the **hawk-i** program. It will not affect your children's eligibility for free or reduced-price meals. If you do **NOT** want your information shared with Medicaid or **hawk-i**, you must tell us by filling out the information below and give it to the school with the Free Lunch Notice. If you want further information about **hawk-i**, go to [www.hawk-i.org](http://www.hawk-i.org).

If you are already receiving Medicaid or **hawk-i**, please sign below. This will avoid another contact.

**I DO NOT** want to share information from my free and reduced-price meal application with Medicaid or **hawk-i**.

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Signature of Parent/Guardian

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Date

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Printed Name